

(626) 272-7120: Phone

(510) 250-7733: Fax

amosyangmd@gmail.com

Amos Yang, MD, MDiv, DMin
Anesthesiologist

P.O. Box 701074
San Jose, CA 95170-1074



I warmly welcome you as my patient! I look forward to meeting you. My mission is to make your dental procedure as safe and pleasant as possible.

Included in this packet are several forms that must be completed and returned to me prior to your appointment. Once I have received these forms, I will contact you by phone for a personal interview and to answer any questions you may have. If you have any questions, feel free to contact me at the above phone number or email address.

The forms included in this packet include:

1. Medical history form (two pages)
2. Consent for anesthesia
3. Financial agreement for anesthesia services
4. Pre- and post-anesthesia instructions (two copies; one for you to keep; one to return)

I look forward to speaking with you in the near future.

Sincerely,

Amos Yang, MD, MDiv
Anesthesiologist

When you have completed the forms, please return them with your deposit of \$500.00 to the dental office or mail them to the following address:

Amos Yang, MD
P.O. Box 701074
San Jose, CA 95170-1074

The deposit can be in the form of money order, cashier's check, or credit card. If you are paying by credit card, please fill out the relevant information on the financial agreement sheet. The deposit will be charged prior to your scheduled appointment.

(If the patient does not show up for the scheduled appointment without providing at least 48 hours notice of cancelation, or if the patient does not follow the pre-anesthesia instructions related to eating and drinking, the deposit will be forfeited to Dr. Yang, and an additional deposit will be charged for the next scheduled appointment.)

(626) 272-7120: 電

(510) 250-7733: 傳

amosyangmd@gmail.com

楊欣醫學博士
道學碩士教牧學博士
麻醉醫師

P.O. Box 26948
San Jose, CA 95159-6948



很熱忱地歡迎你做我的患者。期待著與你見面。我的任務是盡量讓你的牙齒治療過程既安全又愉快。

在這文件中有些表格需要你填寫後，在我們見面前先寄回來給我。我收到後會打電話和你談談，也好讓你問些問題。若現在就有問題，請用上面的電話或電郵與我聯絡。

這文件中有下列表格：

1. 病歷表
2. 麻醉同意書
3. 麻醉費用同意書
4. 麻醉前後注意事項 (一頁給你保留用；一頁請簽名後寄回)

我期待不久就能和你講話。

你的麻醉醫生，
楊欣醫學博士



When you have completed the forms, please return them with your deposit of \$500.00 to the dental office or mail them to the following address:

Amos Yang, MD
P.O. Box 701074
San Jose, CA 95170-1074

The deposit can be in the form of money order, cashier's check, or credit card. If you are paying by credit card, please fill out the relevant information on the financial agreement sheet. The deposit will be charged prior to your scheduled appointment.

(If the patient does not show up for the scheduled appointment without providing at least 48 hours notice of cancelation, or if the patient does not follow the pre-anesthesia instructions related to eating and drinking, the deposit will be forfeited to Dr. Yang, and an additional deposit will be charged for the next scheduled appointment.)

Medical History Form

Date: 5 / 24 / 24 Home phone: _____ Cell phone: 408-966-9099

Name: APELO, RENEE Date of birth: 01 / 18 / 97 Sex: M / F
(Last) (First)

Address: 140 MIRROR CT., PATTERSON CA 95363
(Number and street) (City) (State) (Zip code)

Height: 5'4" Weight: 125 (lbs) / kg Marital status: Single / Married
(Circle one)

Occupation (if adult): STUDENT Social security number: 411-89-1646

Name of physician: DR. TAO PHAM Physician's phone number: (408) 945-2660
(408) 945-2900

If patient is a minor (below 18 years of age): UNDER CONSERVATORSHIP

Parent's name: APELO FLORA Father / Mother / Guardian
(Last) (First) (Circle one)

Parent's occupation: RETIRED Business phone: (408) 966-9099

Name of spouse: APELO RENE Business phone: (408) 564-9926
(Last) (First)

Email address of person financially responsible: ftapel@com

List any surgeries you have previously received:

NONE

List all medications you are currently taking (including over-the-counter medications, vitamins, etc.):

FLINTSTONES COMPLETE MULTIVITAMINS - 1 tablet/day

VITAMIN C ADULT GUMMIES - 250 mg/day

List any allergies you have to medications or foods:

CECLOR ANTIBIOTICS

AMOXICILLIN ANTIBIOTICS

Please carefully review and fill out the back of this form at this time.

Are you in good health? Yes ☒ No ☐

Has there been any change in your general health within the last year? Yes ☐ No ☒

Are you now under the care of a physician? Yes ☐ No ☒

If so, what conditions are being treated? _____

Have you had any serious illness, operation, or been hospitalized in the past 5 years? Yes ☐ No ☒

If so, what was the illness or problem? _____

Do you have or have you had any of the following diseases or problems?

Stroke or other blood vessels problems?	Yes	☒ No
Damaged or artificial heart valves, heart murmur, or heart problems you were born with?	Yes	☒ No
High blood pressure, heart attack, or other heart problems?	Yes	☒ No
Are you short of breath after mild exercise or when lying down?	Yes	☒ No
Swollen ankles?	Yes	☒ No
Irregular heartbeat?	Yes	☒ No
Fainting spells?	Yes	☒ No
Low blood pressure?	Yes	☒ No
Asthma, bronchitis, pneumonia, emphysema, tuberculosis?	Yes	☒ No
Chronic cough?	Yes	☒ No
Sinus trouble, hay fever, seasonal allergies?	Yes	☒ No
Thyroid problems?	Yes	☒ No
Diabetes?	Yes	☒ No
Bleeding problems?	Yes	☒ No
Blood disorders (e.g. anemia, leukemia, etc.)	Yes	☒ No
Cancer?	Yes	☒ No
Recent unintentional weight loss	Yes	☒ No
Hepatitis or other liver disease?	Yes	☒ No
AIDS or HIV?	Yes	☒ No
Problems of the immune system?	Yes	☒ No
Seizures or other neurological problems?	Yes	☒ No
Arthritis or painful joints?	Yes	☒ No
Stomach ulcers or heartburn?	Yes	☒ No
Kidney problems?	Yes	☒ No
Sexually transmitted disease?	Yes	☒ No
Persistently swollen glands?	Yes	☒ No
Psychiatric problems (e.g. depression, schizophrenia, bipolar disorder, anxiety disorder, etc.)	Yes	☒ No
Problems with mental health (e.g. <u>autism</u> , cerebral palsy, developmental delay, mental retardation, etc.)	Yes	☒ No
Problems with anesthesia in the past?	Yes	☒ No
Has your doctor ever told you to take antibiotics prior to dental therapy for a medical condition?	Yes	☒ No
Do you currently have a cold or the flu?	Yes	☒ No
Do you smoke?	Yes	☒ No
If yes, how many packs per day? _____ For how many years? _____		
How much alcohol do you drink in a typical week?	Yes	☒ No
Are you taking any recreational drugs (marijuana, cocaine, ecstasy, etc.)?	Yes	☒ No
If so, when was the last time? _____		
Do you wear contact lenses?	Yes	☒ No
If so, please be sure to <u>not</u> wear contact lenses when you come for your procedure.		
Have you or any genetically-related family members ever experienced a poor reaction to anesthesia?	Yes	☒ No

For women:

Are you now or is there any possibility you could be pregnant? NO

Are you nursing? NO

Do you have any problems with your menstrual period? Normal menstrual cycle.

Are you taking any birth control pills? NO Menstrual cramps on first day of menstruation
relieved with Tylenol.

Please list out any other medical problems you have that are not addressed above.

I understand that withholding any information about my health could seriously jeopardize my safety. Therefore I have reviewed this health history carefully and have answered all questions truthfully to the best of my knowledge.

for Flora Javiera E. Apelo

6/26/2024

(Signature of patient; if patient is a minor, then of parent or guardian)

(Date)

Informed Consent for Anesthesia

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients more apprehensive but to enable them to be better informed concerning the treatment.

I hereby request and authorize Dr. Amos Yang to perform on me anesthesia and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of anesthetics by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. I understand that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the surgery/dentistry.

The most frequent side effects of anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy following their surgery for the remainder of the day. As a result, coordination and judgment maybe impaired for as long as 24 hours. It is recommended that adults refrain from activities that involve coordination and judgment such as driving, operating heavy machinery, or signing any contracts. Children should remain in the presence of a responsible adult during this period. Nausea and possible vomiting following anesthesia will occur in 10-15% of patients. Phlebitis is a raised, tender, hardened inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat. However, tenderness and a hard lump maybe present for up to one year.

I have been informed and understand that there are rarer complications of anesthesia including (but not limited to) pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, pneumonia, stroke, brain damage, heart attack, and death. I further understand and accept that such complications may require hospitalizations. I have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia may vary. Of these three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest. However, local anesthesia sometimes is not appropriate for a patient or a procedure.

I understand that anesthetics, medications, and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant or of a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason I understand that I must inform the anesthesiologist if I am a nursing mother.

Since medications, anesthetics, and prescriptions may cause drowsiness or a lack of coordination that can be increased by the use of alcohol or other drugs, I have been advised not to operate any vehicle or hazardous device for at least 24 hours or longer until fully recovered from the effects of the anesthetic and medications that have been administered to me or my child. I have been advised of the necessity of direct parental supervision for 24 hours of any child following his/her anesthesia.

I have been fully advised and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks, side effects, and dangers of anesthesia. I have received the preoperative and postoperative anesthesia instructions and understand them. I also understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about the anesthesia, and I am satisfied with the information provided to me. I also understand that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dentistry performed while under anesthesia, and the dentist assumes no liability from the anesthesia services performed.

I have read, understood, and received a copy of the consent prior to my appointment.

for
Flora Tarcila E. Apele FLORA TARCILA E. APELO 6/26/2024
(Signature of patient or legal guardian of patient) (Print name) (Date)

Amos Yang, MD
Anesthesiologist

Financial Agreement for Anesthesia Services

Patient name: Renee Apelo Appointment date: _____

Your dentist has estimated his/her treatment time to be: _____

Anesthesia time is approximately treatment time plus 30 minutes: _____

Anesthesia fees are: \$1250 for the first 75 minutes, and \$250 for each 15-minute increment thereafter. \$500 nonrefundable deposit applied towards final fee.

The minimum anesthesia time that will be charged is 75 minutes. The above fee schedule applies for children 10 years of age and younger. If the patient is either 11 years or older or weighs over 100 pounds, and additional \$600 is added to the total fee. The total fee includes pre-operative setup and post-operative recovery time. Fee schedule guaranteed for dates of service in 2024.

Total anesthesia fee estimate: \$ _____

Less preoperative payment (deposit): \$ _____

Total due on the day of surgery: \$ _____

Please note: Assuming the dental and anesthesia providers are ready by the appointment time, anesthesia time begins at latest by the appointment time even if the patient is late in arriving. It is highly recommended that you arrive 10 minutes prior to the procedure time so that you have ample time to go over details with the office staff and take your child to use the restroom before the procedure begins.

Credit card #: _____ Exp date: _____ 3-digit code: _____

Accepted forms of payment include cash, cashier's check, Visa, Mastercard, Discover, and American Express. No personal or business checks will be accepted. Credit card payments via manual numerical entry (rather than card present) will be charged an additional \$25. Payments for anesthesia services are due the day of treatment. If the anesthesia time exceeds the estimated time, the patient will be responsible for the additional fee. If the anesthesia time is less than the estimated time, the patient will receive a prorated refund.

The anesthesia fee estimate is based on the dentist's estimated operating time. The actual fee will vary with the surgical complexity, anesthesia preparatory time, and the patient's individual response to the anesthetic agents used. To help avoid additional charges, please be sure that transportation for the patient is confirmed and reliable.

If the patient does not show up for the appointment as scheduled without giving more than 48 hours notice of cancellation, or if the patient does not follow the pre-anesthesia instructions, especially those pertaining to eating and drinking, the patient will forfeit his/her deposit to Dr. Yang and will be charged an additional fee as deposit for their next scheduled appointment. If a patient for any reason decides to cancel the procedure and provides more than 48 hours notice of cancellation, the deposit will be refunded minus a 5% service fee.

It is important that reimbursement for the anesthesia fee by dental or medical insurance programs not be assumed. Many insurance policies do not pay for anesthesia services for dentistry. Please check with your medical or dental insurance company representative regarding this. I will fill out any insurance forms that you must send to your insurance company for payment of services. However, you must pay for the anesthesia services on or before the day of treatment and then receive any covered benefits by your insurance afterwards.

for Glenn Javila E. Apelo
(Signature of patient or legal guardian of patient)

6/26/2024
(Date)

Instructions for Patient Prior to Anesthesia

For your safety, all of these instructions must be strictly adhered to before commencing with the anesthesia. Neglecting any of the following may compel the doctor to cancel the start of treatment, and a charge may be incurred.

Eating and drinking: This is **extremely** important! **DO NOT EAT ANYTHING FOR EIGHT (8) HOURS BEFORE YOUR APPOINTMENT, AND DO NOT DRINK ANYTHING FOR SIX (6) HOURS PRIOR TO YOUR APPOINTMENT.** Otherwise the risk of **DEATH (死亡)** under anesthesia increases greatly!

Medications: Medications normally taken shall be taken unless otherwise agreed upon with Dr. Yang. These medications may be taken only with a small sip of water. Antibiotic pre-medications should always be taken when prescribed and at most one hour before arriving. Please inform Dr. Yang of any change in your medications.

Clothing and makeup: Wear short sleeves, flat shoes, and warm comfortable pants. Contact lenses must not be worn to the office. Remove all nail polish, makeup, perfume, powders, lotions, oils, and jewelry before arriving. Leave all valuables at home or with the driver.

Driver: A responsible adult must drive you, escort you into the office, and remain during the entire procedure.

Change in health: A change in health, especially the development of a cold or fever, must be mentioned to Dr. Yang prior to the commencement of anesthesia. For your safety, your appointment may be changed to another day.

Recreational drugs: The use of recreational drugs (e.g. marijuana, cocaine, heroin, speed, ecstasy, etc.) is strictly forbidden for several weeks prior to the administration of any anesthetics and until full recovery is achieved. This is for your safety. There shall be no smoking for 12 hours prior to surgery.

Blanket: Please bring with you a small blanket that you can use to stay warm during the procedure.

Instructions for Patient After Anesthesia

After returning home, the patient should plan on resting for the rest of the day and be carefully supervised by an adult.

Getting home: A responsible adult must accompany the patient, and arrangements must be made to contact a responsible adult at the time of discharge. Do not plan to drive a vehicle or operate potentially dangerous equipment for 24 hours after your treatment. You will not be allowed to leave by bus or taxi. A responsible adult must be with the patient until the next day. Nursing services are available for these duties at your expense. State law requires that children under the age of four ride in a car seat.

Pain: Muscle aches and a sore throat may occur similar to that of the flu. This is nothing to be alarmed about and is very common after general anesthesia and will normally resolve within 24 to 48 hours. Do not take narcotic pain medications unless you feel pain. Otherwise you may experience sedation and additional difficulty breathing. Non-narcotic pain medications such as aspirin, Motrin or Advil (ibuprofen), and Tylenol (acetaminophen) do not sedate you and are acceptable if you can tolerate them.

Eating, drinking, and smoking: Your first drink after anesthesia should be plain water. Sweet drinks (e.g. fruit juice or Gatorade) can be taken next. Soft and non-spicy food can be taken when desired. No alcoholic beverages and no smoking for 24 hours. Be aware that pain medications taken on an empty stomach can cause nausea and/or vomiting.

Special Instructions Regarding Children

Temperature elevation: After anesthesia a child's temperature may become elevated to 101°F for the first 24 hours. Children's Tylenol taken every 4 to 6 hours and the intake of fluids can alleviate this condition. Temperatures above 101°F should be reported to Dr. Yang at 626-272-7120 immediately.

Nausea and vomiting: Nausea and vomiting are the most common side effects of sedation and/or general anesthesia. It is very important to maintain fluid intake so that your child does not become dehydrated.

Seek advice if vomiting persists beyond four (4) hours, if temperature is above 101°F, or if other matters cause concern.

I have read, understood, and agree to follow the above instructions.

for
Flora Javier E. Lopez
(Signature of patient or legal guardian)

6/26/2024
(Date)